Evaluation of Cardiac System of Care – Culture of Documentation

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Rural Healthcare Program

LUCAS™2 Chest Compression System Grants

What We Collect

Patient Outcomes

Rhythm changes
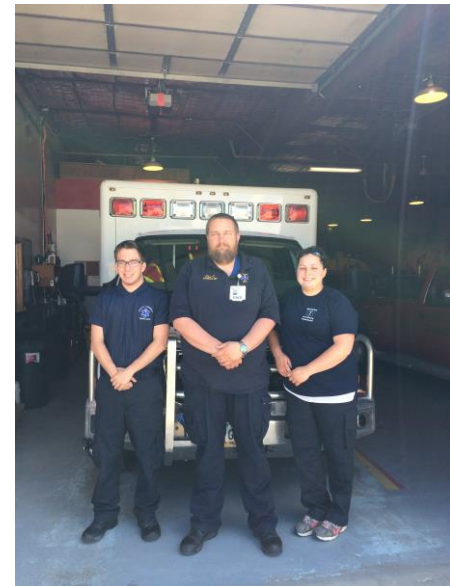
ROSC

Discharged alive

What We Collect

Provider Outcomes

Benefits of device during cardiac arrest care

- Assess patient

- Start IO/IV

- Give medications

- Address airway

- CPR in confined space

- CPR during transport

How We Collect LUCAS®2 Data

1) Calling providers who reported cardiac arrest event in state EMS database

Change in Data Collection Strategy

1) Low response with cold calling

2) Issues with database

Analysis of EMS Databases

- Only 1/3 of cardiac arrest events remained after applying quality control criteria

Step	Quality Control Objective	Data	Percentage (%)	
			Remove	Remain
1	Cardiac arrest	1130	0	100
2	Remove missing or invalid time intervals	648	43	57
3	Remove missing or invalid distance and speed data	426	20	38
4	Remove statistical outliers (three standard deviations)	405	2	36

Reasons for data deficiencies

- Lack of buy in
- Lack of practice
    - Volunteers
    - Call volumes
- Lack of training
- Software
- Fatigue/stress

How We Collect LUCAS™2 Data

2) ATTENTION! If you use this device
Call the LUCAS evaluation team at:
844-4LUCAS2
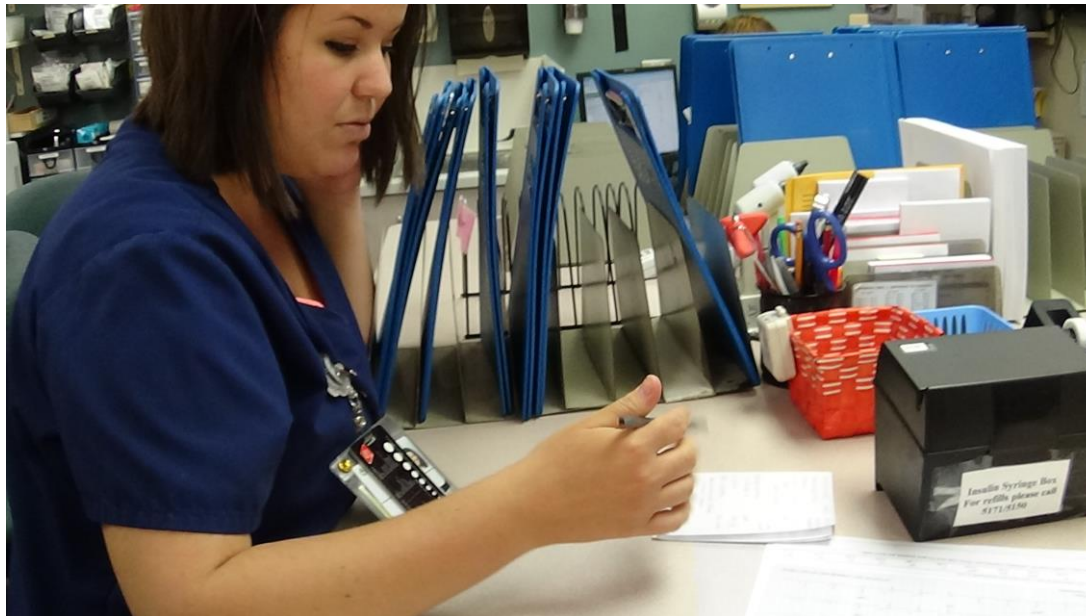LUCAS@med.und.edu

After Sticker

Initial spike in reporting:

- New providers calling us
    - 2 hospitals
    - 4 EMS services

- Old providers reporting more proactively

Culture of Documentation

- Common understanding of the importance of reporting for system improvement
- Consistent, timely, accurate reporting

Culture of Documentation - System Perspectives

- Leadership

  - Common understanding of purpose

  - Reinforce culture by encouraging reporting

Culture of Documentation - System Perspectives

- Information technology

- Competent providers

- Feedback for quality improvement

How to Create and Maintain a Culture of Documentation?

THANK YOU!

www.CRHeval.org

www.helmsleytrust.org